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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/1705305</i>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*
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Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	

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